



5500 South Robert Trail
Inver Grove Heights, MN
(651) 451-5160 or (800) 813-9185

Authorization Agreement for Automated Payments & Cancellation of Payment

Use this form to authorize or cancel a withdrawal from another financial institution to make a Heartland Loan Payment.

PLEASE NOTE: Automated payment will continue until member cancels authorization.

CANCELLATION

I authorize Heartland Credit Union to cancel withdrawal of _____ effective _____.

Heartland Credit Union ABA Number: 296075535

AUTHORIZATION

I authorize Heartland Credit Union to initiate a **deposit** to my Heartland _____ Checking _____ Savings account.

_____ Bi weekly _____ Semi-monthly
_____ Monthly _____ Weekly _____ Other

Amount \$ _____ First payment to begin _____

Other financial institution information (*for payment initiation only a voided check MUST be attached; deposit slip is not acceptable*)

Name of Financial Inst: _____

ABA/Transit Number: _____

Account Number: _____

I hereby authorize Heartland Credit Union to make changes as stated above.

Member Name(s): _____

Signature(s): _____

Daytime Phone Number: _____

Account Number: _____ Date: _____

*******Automated payment will not be initiated until all required documents have been received*******

<i>For Office Use</i>		
HCU staff accepting form:	HCU auto transfer set up by:	ACH Template: _____
Date _____ Initials _____	Date _____ Initials _____	Date _____ Initials _____